Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| | | | | | | 1 | | | I | |
|---|--|---|---|--|--|------------------|--|------------------------|------------|--|
| Establishment Name | | | | | | | Telephone Number | Date of | ID# | |
| NEW ALBANY VALERO | | | | | | Est | 502-930-2572 | Inspection | | |
| Address 327 W. 5TH ST., NEW ALBANY IN 47150 | | | | | | Own 502-930-2572 | | 12/15/2021 | | |
| Owner | | | | | | | Purpose | Follow Up | Released | |
| MUHAMMAD ATIF | | | | | | _ | X Routine | 01/15/2022 | 12/25/2021 | |
| Owner's Address 7815 FRANK OTT ROAD GEORGETOWN, IN 47122 | | | | | | | Follow-up Complaint | | | |
| Person in Charge PATRICK WIGGINTON | | | | | | | Pre-Operational | | | |
| Responsible Person's Email | | | | | | 1 | Temporary | Menu Type | | |
| NA27INC@GMAIL.COM | | | | | | | HACCP | 1 <u>2 X</u> 3 <u></u> | 4 _ 5 _ | |
| Certified Food Handler RANVEER SINAH | | | | | | | Other (list) | | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" | | | | | | | | | | |
| Section # C NC R Narrative | | | | | | To Be Corrected | | | | |
| 297 | | Х | | Observed drink drip tray/trough in coke machine to be in need of cleaning. 1 day | | | | | | |
| 291 | | Χ | | | t strips for sanitizer solut | 3 days | | | | |
| 347 | | Χ | | Observed no hand towels at handsink. | | | | Corrected | | |
| 410 | | Χ | | Observed missing light shields in restroom and on light fixture near drink 3 week | | | | | | |
| 411 | | Х | | machines. Observed 4 out of 6 light bulbs out in back hallway near 3 comp. sink. 2 weel | | | | | | |
| 426 | | X | Х | Observed 4 out of 6 light bulbs out in back hallway near 3 comp. sink. 2 weeks Observed broken slushie machine stored in lobby. It must be cleaned and 1 month | | | | | | |
| | | | | repaired or removed. This has been a documented violation since 10/02/2020. | | | | | | |
| 430 | | Χ | | Observed drywall begining to be damaged behind restroom sink due to 1 month moisture. Observed the sink to be slanted towards the wall causing water to | | | | | | |
| flow towards drywall and no caulki 431 X Observed the following areas to be | | | | | | rad ar | ed in need of alconing book | 2 weeks | | |
| 431 | | ^ | | hallway around | 3 comp and mop sink, of cooler, inside cabinet | 2 weeks | | | | |
| | | | | cooler. | | | | | | |
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| Summary of Violations C 0 NC 8 R 1 | | | | | | | | | | |
| Received by (name and title printed): | | | | | | | Inspected by (name and title printed): | | | |
| 1 / | | | | | | | Thomas Snider CFS | | | |
| Received by (signature): | | | | | | In | Inspected by (signature): | | | |
| | | | | | | | Thomas Inider | | | |
| ce: | | | | | cc: | | | cc: | | |